



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
WORKFORCE EDUCATION AND TRAINING (WET) DIVISION
LICENSURE PREPARATION PROGRAM (LPP)
MARRIAGE AND FAMILY THERAPIST (MFT) CLINICAL VIGNETTE EXAMINATION**

The WET Division announces a limited number of slots available, at a discounted rate, for the MHSA WET- funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs). Through the Association for Advanced Training in the Behavioral Sciences (AATBS), the following study package is now available:

AATBS MFT Clinical Vignette Combo Package Includes:

- Comprehensive Study Volumes
- Clinical Vignette Strategies Volume
- CaseMASTER (CVE)
- 1-Day Clinical Vignette Exam Workshop
- Expert Phone Consultation

MHSA-WET MFT participant discounted price: \$50

MFT Clinical Vignette Workshop dates and locations:

Chatsworth: Sunday, February 10, 2013 (9am – 5pm PT)

Phillips Graduate Institute, 19900 Plummer Street, Chatsworth, CA 91311 (Free Parking)

Irvine: Sunday, March 10, 2013 (9am – 5pm PT),

Atrium Hotel, 18700 MacArthur Blvd., Irvine, CA 92612 (Valet Parking - \$10, Self-Parking - \$6)

****** Limited space available. Application deadline: January 13, 2013 or when slots are filled.**

Visit www.aatbs.com for more details about the package.

Attendance to the Live 1-Day Workshop is required for all MHSA-WET MFT Clinical Vignette participants

Eligibility:

- Must be in good standing with current employer; no disciplinary action within the last year
- Approved by the licensing board to take the licensure examination
- Must take the licensure examination by the end of 2013
- Must have successfully completed the MFT Standard Written Examination
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health

Priority will be given to clinicians who meet the following criteria:

- If applicable, license waived agreement with employer to expire within 12 months
- Previous attempt(s) at passing the MFT Clinical Vignette Examination

INSTRUCTIONS:

1. Please **scroll down** for the application form. Application form must be completed and faxed to Anna Perne at (213) 252-8775 or (213) 252-8776. Applications will be accepted until January 13, 2013 or until slots are filled.
2. An e-mail confirmation will be sent to those applicants, who are approved.
3. Participants will be given a phone number to register and pay the non-refundable fee of \$50 by VISA, American Express or MasterCard to AATBS.
4. AATBS will register the participants for the requested workshop, and the study package will be mailed to the address provided on the application when payment is received.

All applications are reviewed. Submission of application is not a guarantee of approval.

CONTACT: Anna Perne, LCSW, E-mail: aperne@dmh.lacounty.gov



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Print Only

TITLE: LPP: MFT CLINICAL VIGNETTE EXAMINATION		DATE:
FIRST NAME:	LAST NAME:	
JOB TITLE:	DISCIPLINE:	ETHNICITY: (optional)
AGENCY:		PROGRAM:
MAILING ADDRESS FOR STUDY PACKAGE:		
CITY:	STATE:	ZIP
PHONE#:	E-MAIL: (required)	

LANGUAGE(S) FLUENCY, OTHER THAN ENGLISH: _____

Service area of employment, please circle 1 2 3 4 5 6 7 8
Have you taken the MFT Clinical Vignette Exam previously? please circle yes no
Are you taking the MFT Clinical examination by the end of 2013? please circle yes no
Is your license waived employment agreement with your employer expiring within 12 months? please circle yes no n/a

Name of Applicant (Print) is currently in a job position providing a minimum of 65% of his/her time in direct clinical services in public mental health and is currently in good standing with his/her employer with no disciplinary action within the last 12 months. **The applicant also successfully completed the MFT Standard Written Exam and is approved by the licensing board to take the MFT Clinical Vignette Exam.**

- _____ agrees to the following terms and conditions:

- Name of Applicant (Print)
- Complete the licensure preparation program by attending the mandatory workshops and participates in all the offerings of the program.
 - Provide Workforce Education and Training (WET) Division examination results and any other information relating to employment and promotional status.
 - Understand that the mandatory workshops are to be taken on his/her own time.

When approved by the WET Division, participant must register and pay the non-refundable discounted fee of \$50 by VISA, American Express or MasterCard. (Contact name and number for registration will be given to those individuals who are approved.)

Return Application to:
Anna Perne, LCSW
WET Training Coordinator
Fax: (213) 252-8775 OR (213) 252-8776
E-mail: aperne@dmh.lacounty.gov
Phone: (213) 251-6422

Signature of Applicant	_____	Date	_____
Signature of Supervisor	_____	Date	_____
Name of Supervisor / Phone Number	_____		
Email Address of Supervisor	_____		